



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 27 Number 7

<http://www.dss.mo.gov/dms>

September 23, 2004

INPATIENT HOSPITAL: 2005 ICD-9 PROCEDURE CODES

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- 2005 ICD-9-CM PROCEDURE CODE CHANGES

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Effective for dates of service on and after October 1, 2004, Missouri Medicaid will begin accepting the 2005 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) procedure codes on inpatient claims. For inpatient claims with dates of service October 1, 2004 and after, providers must use the 2005 ICD-9-CM procedure codes on inpatient hospital claims. The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires the use of national/medical code sets that are valid at the time that the service is provided, and ICD-9-CM is a national/medical code set. ICD-9-CM procedure codes submitted on claims must be valid at the time the service is provided. Therefore, Missouri Medicaid can no longer allow a 90-day grace period in billing discontinued ICD-9-CM diagnosis codes.

Listed below are the new, the invalid and the revised procedure codes for 2005:

New 2005 Procedure Codes

New 2005 Procedure Code	New 2005 Procedure Codes - Description	Restriction
00.16	Pressurized treatment of venous bypass graft [conduit] with pharmaceutical substance	None
00.17	Infusion of vasopressor agent	None
00.21	Intravascular imaging of extracranial cerebral vessels	None
00.22	Intravascular imaging of intrathoracic vessels	None
00.23	Intravascular imaging of peripheral vessels	None
00.24	Intravascular imaging of coronary vessels	None
00.25	Intravascular imaging of renal vessels	None
00.28	Intravascular imaging, other specified vessel(s)	None
00.29	Intravascular imaging, unspecified vessel(s)	None

New 2005 Procedure Code	New 2005 Procedure Codes - Description	Restriction
00.31	Computer assisted surgery with CT/CTA	None
00.32	Computer assisted surgery with MR/MRA	None
00.33	Computer assisted surgery with fluoroscopy	None
00.34	Imageless computer assisted surgery	None
00.35	Computer assisted surgery with multiple datasets	None
00.39	Other computer assisted surgery	None
00.61	Percutaneous angioplasty or atherectomy of precerebral (extracranial) vessel(s)	None
00.62	Percutaneous angioplasty or atherectomy of intracranial vessel(s)	None
00.63	Percutaneous insertion of carotid artery stent(s)	None
00.64	Percutaneous insertion of other precerebral (extracranial) artery stent(s)	None
00.65	Percutaneous insertion of intracranial vascular stent(s)	None
00.91	Transplant from live related donor	Transplant Contract Required
00.92	Transplant from live non-related donor	Transplant Contract Required
00.93	Transplant from cadaver	Transplant Contract Required
27.64	Insertion of palatal implant	None
37.68	Insertion of percutaneous external heart assist device	None
37.9	Insertion of left atrial appendage device	None
44.38	Laparoscopic gastroenterostomy	Prior Authorization Required
44.67	Laparoscopic procedures for creation of esophagogastric sphincteric competence	Prior Authorization Required
44.68	Laparoscopic gastroplasty	Prior Authorization Required
44.95	Laparoscopic gastric restrictive procedure	Prior Authorization Required
44.96	Laparoscopic revision of gastric restrictive procedure	Prior Authorization Required
44.97	Laparoscopic removal of gastric restrictive device(s)	Prior Authorization Required
44.98	(Laparoscopic) adjustment of size of adjustable gastric restrictive device	Prior Authorization Required
81.65	Vertebroplasty	None
81.66	Kyphoplasty	None
84.53	Implantation of internal limb lengthening device with kinetic distraction	None
84.54	Implantation of other internal limb lengthening device	None
84.55	Insertion of bone void filler	None
84.59	Insertion of other spinal devices	None
84.6	Insertion of spinal disc prosthesis, not otherwise specified	None

New 2005 Procedure Code	New 2005 Procedure Codes - Description	Restriction
84.61	Insertion of partial spinal disc prosthesis, cervical	None
84.62	Insertion of total spinal disc prosthesis, cervical	None
84.63	Insertion of spinal disc prosthesis, thoracic	None
84.64	Insertion of partial spinal disc prosthesis, lumbosacral	None
84.65	Insertion of total spinal disc prosthesis, lumbosacral	None
84.66	Revision or replacement of artificial spinal disc prosthesis, cervical	None
84.67	Revision or replacement of artificial spinal disc prosthesis, thoracic	None
84.68	Revision or replacement of artificial spinal disc prosthesis, lumbosacral	None
84.69	Revision or replacement of artificial spinal disc prosthesis, not otherwise specified	None
86.94	Insertion or replacement of single array neurostimulator pulse generator	None
86.95	Insertion or replacement of dual array neurostimulator pulse generator	None
86.96	Insertion or replacement of other neurostimulator pulse generator	None
89.49	Automatic implantable cardioverter/defibrillator (AICD) check	None
99.78	Aquapheresis	None

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MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896